PTO/88/17 (10-08)
Approved for use through 05/90/2010, OMB 05/51-0020
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number.

Under the Papenwork Reduction Act	of 1995, no person are r	equired to re	espond to a corecuo	n or inscrimence	tata # Manager			
Effective on 12/02/2004. Fees pureuent to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Complete If Known					
					September 29, 2003			
					ohn Landers			
For FY 2009			Examiner Name	OTION TOTAL				
			100/					
Applicant claims small entity status. See 37 CFR 1.27		Art Orit		0656.70098US00				
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Attorney Docket No. MU656.700980500					
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified de	posit account, the D	Director is	hereby authorize	id to: (check	all that apply)			
Charge fee(s) indicat	ed below		Charg	e fee(s) indic	cated below, ex	cept for the	ne tilling tec	
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND		ES		5 77.5.5.115.1	ATION FEEC			
	FILING FEES Small Entity	SEA	ARCH FEES Small Entity	EXAMINA	ATION FEES Small Entity			
Application Type Fee	(\$) Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (S)	Fees	Paid (\$)	
Utility 33	0 165	540	270	220	110			
Design 22	0 110	100	50	140	70			
Plant 22	0 110	330	165	170	85			
Reissue 33	0 165	540	270	650	325			
Provisional 22	0 110	0	0	0	0			
2. EXCESS CLAIM FEES						Fee (\$)	Small Entity Fee (\$)	
Fee Description				52	26			
Each claim over 20 (including Reissues)						220	110	
Each independent claim over 3 (including Reissues)						390	195	
Multiple dependent claims			Fee Paid (\$) Multiple Dependent Claims					
-20 or HP x =			56 T BIG (6)			Fee Paid (
HP = highest number of total claims paid for, if greater than 20. Index Claims Fortra Claims Fee (\$) Fee Paid (\$)								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
HP = highest number of independent c's	ims paid for, if greater t	han 3.						
2 ADDI ICATION SIZE EEE								
TEAL - secolification and describe	s exceed 100 sheets	of paper	(excluding elec-	ronically fil	ed sequence or	computer	En.	
listings under 37 CFR 1.52(e sheets or fraction thereof. Se)), the application s	ize fee di	ue is \$270 (\$135	for small er	mity) for each a	idditional .	0	
			additional 50 or fr		f Fee (\$)	Fee	Paid (\$)	
Total Sheets Extra St								
- 100 =								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00								
SUBMITTED BY								
	ry llout		Registration No. (Attorney/Agent)	39,248	Telephone	617.646,8000		
UML -	COUNT		(wromeywgent)		Date	July 17, 2009		
Neme (Print/Type) Helen C. Lockhart Date July 17, 2009								

	I hereby certify that this paper (along with any paper referred	r Electronic Filing Under 37 CFR 1.8 10 as being statched or enclosed is being transmitted via the Office electronic filing signature:
--	-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------